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| APPLICATION NO. | APPLICATION NO. FILING DATE | | IRST NAMED INVEN | TOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
| 10/615,571 | 07/08/2003 | Munekazu Da | | | 041309/262110 | 1889 |
| TITLE OF INVENTION: OF | PTICAL DEVICE AND DIS | SPLAY APPARATI | JS | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEI | E PL | JBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | NO | \$1330 | | \$300 | \$1630 | 09/20/2004 |
| EXAMINER | | ART UNIT | | ASS-SUBCLASS | | |
| SCHECHTER, ANDREW M | | 2871 | | 349-089000 | | |
| Address form PTO/SB/12 □ "Fee Address" indicatic PTO/SB/47; Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless a been previously submitted (A) NAME OF ASSIGNE | on (or "Fee Address" Indicate r more recent) attached. Use RESIDENCE DATA TO B an assignee is identified bel I to the USPTO or is being see | tion form e of a Customer E PRINTED ON TH low, no assignee dat submitted under sepa (B) | agents OR, alternatirm (having as a agent) and the na attorneys or agent will be printed. HE PATENT (print of a will appear on the urate cover. Complet RESIDENCE: (CIT | patent. Inclusion of as ion of this form is NOT Y and STATE OR COU | of a single attorney or 2 ered patent I, no name 3 esignee data is only appropri a substitute for filing an ass | ate when an assignment has |
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